



Office of the
United States
Global AIDS
Coordinator

COUNTRY PROFILE

HIV/AIDS

SOUTH AFRICA

South Africa has the highest number of HIV infections in the world. More than five million people—of a total population 44.8 million—are infected with HIV. The demographics of identified HIV infections suggest that the epidemic is

affecting residents of urban informal settlements to a greater extent than those in rural, tribal, and urban formal settlements. South Africa hosts some of the largest displaced populations in the world, which resulted as a combination of apartheid-era policies and immigration of economic and political refugees from surrounding countries. These and other factors have created opportunities for the spread of HIV/AIDS. HIV transmission appears to be primarily through heterosexual relations. Sex workers, tuberculosis patients, those with sexually transmitted infections, migrant workers, and miners are at greatest risk; military and uniformed service populations are also considered high-risk groups for HIV infection.

HIV/AIDS Epidemic in South Africa	
HIV Prevalence in Pregnant Women (2002)	26.5%
Estimated Number of HIV-Infected People	5,349,935
Estimated Number of Individuals on Antiretroviral Therapy	20,000
Estimated Number of AIDS Orphans	660,000

U.S. GOVERNMENT RESPONSE

In 2003, President George W. Bush announced the Emergency Plan for AIDS Relief, a five-year, \$15 billion U.S. Government initiative that aims to provide treatment to at least two million HIV-infected individuals, prevent seven million new HIV infections, and provide care and support to 10 million people living with and affected by HIV/AIDS, including orphans and vulnerable children. To help attain these goals, the U.S. Government is rapidly expanding its programs and engaging new partners in 15 focus countries, including South Africa. Under the Emergency Plan, South Africa will receive \$65.4 million in 2004 to support a comprehensive treatment, prevention, and care program.



Treatment

The U.S. Government program will assist ongoing and planned activities by the South African government to rapidly increase the number of individuals receiving antiretroviral therapy. U.S. resources will help to scale-up existing effective programs; train health care workers and pharmacists; enhance the supply chain management systems needed to expand treatment; increase the capacity of the national and provincial health departments to develop, manage, and evaluate treatment programs; and use mass communication campaigns and community mobilization to increase the demand for and acceptance of antiretroviral therapy.

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Map of South Africa: PCL Map Collection, University of Texas

Prevention

The U.S. Government program will support national-level implementation of policies, procedures, training materials, and guidelines to address prevention of mother-to-child HIV transmission. At the provincial level, the program will increase access to services to prevent mother-to-child HIV transmission, link those services to treatment, care, and support services, and, ultimately, integrate mother-to-child prevention services into routine maternal and child health service delivery. The program will strengthen interventions aimed at youth to encourage delay of sexual debut, promote abstinence, and reduce the number of adolescents who have more than one sex partner. The program will promote responsible sexual behavior among those at heightened risk (such as truck drivers, sex workers, and the military), and will use television drama, peer educators, and faith-based and train-the-trainer programs to expand support for abstinence and fidelity. The program will also support condom logistics for the National Department of Health, foster public-private partnership activities aimed at workers and workplace programs and policies, and improve diagnosis and treatment of sexually transmitted infections.

Care

The U.S. Government program will increase access to voluntary counseling and testing, train physicians in managing tuberculosis for people living with HIV/AIDS, target evaluation to identify the risk factors for tuberculosis patients, and develop a monitoring and evaluation system that features user-friendly software to enhance capacity in HIV and tuberculosis program management. The program will increase the number of organizations providing high-quality palliative care and will encourage the integration of palliative care into the primary health care system. U.S. Government efforts will scale up existing clinical care services and build both government and community capacity to develop and implement clinical care programs. U.S. funding will go toward mobilizing community- and faith-based efforts, as well as supporting national and provincial government coordinating structures, to reach and provide high-quality care to orphans and vulnerable children, and to address policy issues related to bereavement, child-headed households, and access to education and protective services.

Other

The U.S. Government program will strengthen the monitoring and reporting needed to effectively allocate and evaluate programs and services. The program will also assist the South African government's logistics and drug management activities by supporting the Department of Health in distribution, storage, tracking, and management of antiretroviral supplies in public health facilities. Crosscutting activities will play a critical role in assuring quality and strengthening accountability within the health system. The South African government has asked that the U.S. Government expand its ongoing logistics and drug management activities to assist the Department of Health in distributing, storing, tracking, and managing the rollout of antiretroviral drugs to public sector facilities. U.S. resources will provide in-service training of pharmacists responsible for handling and dispensing the antiretroviral at the public sector treatment sites.

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